

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90440 010 \*\*\*150.00

<b>DOCUMENT # P03000092494</b> 1. Entity Name <b>SOLDATIG ZE INVESTMENTS INC.</b>																					
Principal Place of Business <b>15450 SW 77 CIRCLE LN APT 205 MIAMI, FL 33193</b>		Mailing Address <b>15450 SW 77 CIRCLE LN APT 205 MIAMI, FL 33193</b>																			
2. Principal Place of Business <b>1255 BELLE AVENUE</b> Suite, Apt. #, etc. <b>SUITE # 120</b> City & State <b>WINTER SPRINGS FL</b> Zip <b>32708</b> Country <b>US</b>		3. Mailing Address <b>1255 BELLE AVENUE</b> Suite, Apt. #, etc. <b>SUITE # 120</b> City & State <b>WINTER SPRINGS FLA.</b> Zip <b>32708</b> Country <b>US</b>																			
4. FEI Number <b>20-0178625</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>ZERPA, ISMAEL</b> <b>15450 SW 77 CIRCLE LN APT 205</b> <b>MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>X Ismael Isie Zerpa</i></u> <span style="float: right;">04-28-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																					
SIGNATURE: <u><i>X Ismael Isie Zerpa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04/27/2005</u> <small>Date Daytime Phone #</small>																			